U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6262	2. Fiscal Year Covered From:			
	01/01/04 Through: 12/31/04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name JOHN C MCCURDY	Name DISTRICT NO. 1-7CD, MEBA, AFT-C			
	Labor Organization File Number 066-56/			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 330 ExcHANGE PL #7	Street 444 NONTH CAPITAL ST NW			
City NEW ORLEANS LA.	City WASHINGTON DC			
State <i>LA</i> ZIP Code + 4 <i>70130</i>	State ZIP Code + 4 ZOO/			
5. Position in labor organization. GUIF CONST VICE PRESIDENT				
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excit	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):			
A. Held an interest in, engaged in transactions (Including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any	S			
The soul side of the state of t	7.b. Amount.			
Street				
City				
State ZIP Code + 4	**************************************			
Sian	ature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed om M. (mely	On <u>B-B-05</u> <u>504250-9705</u>			
Form LM-30 (2003)	Date Telephone Number			

Name of Person Filing	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name MEBA BENEFIT TRUSTS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1007 FASTON AVE City BUTINIONS State MD ZIP Code + 4 Z 1207	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name //BB BENEFIT // PANS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street //OT FASTERN AVE	11.a. Nature of such dealing. TRUSTEE MEETINGS, EXPENSES, CONFERE SEMINANS.	TRAVEC TRES,		
City BACTIMORE State MD ZIP Code + 4 Z1Z07	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. SEE (I(A) AND II(B)	20.027,03		
	12.b. Amount. SEE 11(B), 11(B)	/2(A)		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Trade Name, if any:		And a second sec		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.			